

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

**Part I** General Information

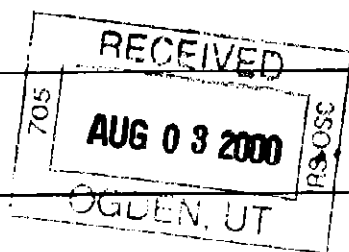
|    |   |  |
|----|---|--|
| 1  | Name of organization<br><i>Paula Calderon for STATE Assembly</i>  | Employer identification number<br><i>95 476 8860</i> |
| 2  | Mailing address (P.O. Box or number, street, and room or suite number)<br><i>21606 W. Spree Ct.</i>   |  |
|    | City or town, state, and ZIP code<br><i>SANTA CLARITA CA 91350-1654</i>   |  |
| 3  | E-mail address of organization<br><i>CalderonP36DIST@GOL.COM</i>  |  |
| 4a | Name of custodian of records<br><i>Paula L. Calderon</i>  | 4b Custodian's address<br><i>SAME AS ABOVE</i>       |
| 5a | Name of contact person<br><i>SAME AS ABOVE</i>  | 5b Contact person's address<br><i>SAME AS ABOVE</i>  |
| 6  | Business address of organization (if different from mailing address shown above). Number, street, and room or suite number<br><br>City or town, state, and ZIP code |  |

**Part II** Purpose

7 Describe the purpose of the organization  
*Candidate Controlled Committee for STATE Assembly*  
*Paula L. Calderon*

**Part III** List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship                     | 8c Address           |
|---------------------------|-------------------------------------|----------------------|
| <i>CARMEN V. Delgado</i>  | <i>SISTER / Treasurer connected</i> | <i>SAME AS ABOVE</i> |
|                           |                                     |                      |
|                           |                                     |                      |
|                           |                                     |                      |
|                           |                                     |                      |
|                           |                                     |                      |
|                           |                                     |                      |



9a Name

List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

  
Signature of authorized official

7/29/00



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